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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number	10/715,938
Filing Date	11/18/2003
First Named Inventor	C. Jay Wack
Art Unit	2132
Examiner Name	

Attorney Docket Number

STSPT28C1

ENCLOSURES (Check all that apply)

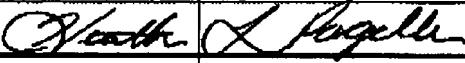
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	IP Strategies Thomas M. Champagne
Signature	
Date	08/18/2005

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Heather L. Pagella		
Signature		Date	08/18/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**AUG 18 2005**

Application No.	Filing Date	First Named Inventor	Atty. Docket No.	Confirmation No.
10/715,938	11/18/2003	C. Jay Wack	STSPT28C1	4456
Invention		Examiner	Art Unit	
Cryptographic Information and Flow Control			2132	

STATUS REQUEST

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Please let us know the status of the above-identified application and when an action can be expected.

Respectfully submitted,

Thomas M. Champagne
 Registration No. 36,478
 IP STRATEGIES
 12 ½ Wall Street
 Suite I
 Asheville, North Carolina 28801
 828.253.8600
 828.253.8620 fax

TMC:hlp

August 18, 2005

Date

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